FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See ir	nstructions)		Office use only
NAME OF COMMITTEE (in f	(Check if n is changed	ame Example: If typyi) over the lines	ng, type 12FE4M5	
West Virginia	Republican Party, Inc.	11111111		
			11111111	
ADDRESS (number and s	street) 5019 MacCork	de Avenue SW		
(Check if address is changed)	South Charles	ston		25309
00144775510 5 1441		CITY▲	STATE▲	ZIP CODE 📥
twaxman@ma.				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
COMMITTEE'S FAX N	UMBER			
نيا لينا				
2. DATE M M M	/ D D / Y Y Y O	′		
3. FEC IDENTIFICA	TION NUMBER	C C00417063		
4. IS THIS STATEM	ENT NEW (N)	OR X AMEN	DED (A)	
I certify that I have examin	ned this Statement and to the best o	of my knowledge and belief it is to	rue, correct and complete	
Type or Print Name of	Treasurer Theresa W	/axman		
Signature of Treasurer	Electronically Filed by The	eresa Waxman	Date 111	07 / 2006
NOTE: Submission of fal	se, erroneous, or incomplete inform	ation may subject the person sig	-	-
Office Use Only				FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate				
	Party Affiliation Sought: House Senate President	State			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		ocratic, blican,etc.) Party.			
	committee.	or party			
ŝ.	Name of Any Connected Organization or Affiliated Committee				
L					
	Mailing Address				
	CITY▲ STATE▲ ZI	P CODE A			
	Relationship				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organization				
	Membership Organization Trade Association Cooperative				

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Write or Type	Committee Name						
West Vi	rginia Republican Pa	rty, Inc.					
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.						
Full Name							
Mailing Ad	dress						
Title or Pos		CITY A					
			Telephone number				
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
Full Name of Treasurer Theresa Waxman							
Mailing Ad	dress	RT 1 Box 352					
		Clarksburg	WV	26301 _			
Title or Pos	sition V	CITY A	STATE ▲	ZIP CODE A			
			Telephone number				
Full Name Designated Agent							
Mailing Ad	dress						
	_						
Title or Pos	sition ∀	CITY A	STATE ▲	ZIP CODE A			
			Telephone number				

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9.	 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc. 						
	The H	Huntington National Bank					
	Mailing Address	P.O. Box 1558 EA1W37					
		Columbus OH 43	216 _ 9753				

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷